



STATE OF HAWAII

**SUPPLEMENTAL CONTRACT NO. \_\_\_\_**  
**TO CONTRACT**

*(Insert contract number or other identifying information)*

This Supplemental Contract No. \_\_\_\_\_, executed on the respective dates indicated below, is effective as of \_\_\_\_\_, between the \_\_\_\_\_, State of Hawaii

*(Insert name of state department, agency, board or commission)*

("STATE"), by its \_\_\_\_\_,  
*(Insert title of state officer executing contract)*

(hereafter also referred to as the HEAD OF THE PURCHASING AGENCY or designee ("HOPA")), whose address is \_\_\_\_\_, and

\_\_\_\_\_ ("CONTRACTOR"),

a

*(Insert corporation, partnership, joint venture, sole proprietorship, or other legal form of the CONTRACTOR)*

under the laws of the State of \_\_\_\_\_, whose business address and federal and state taxpayer identification numbers are as follows: \_\_\_\_\_

**RECITALS**

A. WHEREAS, the STATE and the CONTRACTOR entered into Contract

*(Insert contract number or other identifying information)*

dated \_\_\_\_\_, \_\_\_\_\_, which was amended by Supplemental Contract No(s). \_\_\_\_\_  
dated \_\_\_\_\_, \_\_\_\_\_, which was amended by Supplemental Contract No(s). \_\_\_\_\_  
dated \_\_\_\_\_, \_\_\_\_\_, which was amended by Supplemental Contract No(s). \_\_\_\_\_  
dated \_\_\_\_\_, \_\_\_\_\_ (hereafter collectively referred to as "Contract"), whereby the CONTRACTOR agreed to provide the goods or services, or both, described in the Contract; and

B. WHEREAS, the parties now desire to amend the Contract.

NOW, THEREFORE, the STATE and the CONTRACTOR mutually agree to amend the Contract as follows: (Check Applicable box(es))

- ☐ Amend the SCOPE OF SERVICES according to the terms set forth in Attachment-S1, which is made a part of the Contract.
- ☐ Amend the COMPENSATION AND PAYMENT SCHEDULE according to the terms set forth in Attachment-S2, which is made a part of the Contract.
- ☐ Amend the TIME OF PERFORMANCE according to the terms set forth in Attachment-S3, which is made a part of the Contract.
- ☐ Amend the SPECIAL CONDITIONS according to the terms set forth in Attachment-S6 SUPPLEMENTAL SPECIAL CONDITIONS, which is made a part of the Contract.
- ☐ Recognize the CONTRACTOR'S change of name.

FROM: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As set forth in the documents attached hereto as Exhibit \_\_\_\_\_, and incorporated herein.

A tax clearance certificate from the State of Hawaii ☐ is ☐ is not required to be submitted to the STATE prior to commencing any performance under this Supplemental Contract.

A tax clearance certificate from the Internal Revenue Service ☐ is ☐ is not required to be submitted to the STATE prior to commencing any performance under this Supplemental Contract.

The entire Contract, as amended herein, shall remain in full force and effect.

IN VIEW OF THE ABOVE, the parties execute this Contract by their signatures, on the dates below, to be effective as of the date first above written.

FUNDING AGENCY: (if other than  
contracting agency)

**STATE**

By \_\_\_\_\_  
Signature

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

PRINT NAME: \_\_\_\_\_

DIRECTOR OF \_\_\_\_\_

\_\_\_\_\_  
(Print Title)

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Date)

**CORPORATE SEAL**  
(If available)

**CONTRACTOR**

\_\_\_\_\_  
(Name of Contractor)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Title)

\_\_\_\_\_  
(Date)

\*

**APPROVED AS TO FORM:**

\_\_\_\_\_  
Deputy Attorney General

\* Evidence of authority of the CONTRACTOR'S representative to sign this Contract for the CONTRACTOR must be attached.